

中文題目：年輕男性診斷肝細胞癌合併膽管癌，臨床上呈現肝細胞癌臨床樣貌

英文題目：A young male with combined hepatocellular-cholangiocarcinoma present hepatocellular carcinoma's typical features

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**Introduction:** Combined hepatocellular-cholangiocarcinoma(cHCC-CCA) is a rare tumor, defined by the unequivocal presence of both hepatocytic and cholangiocytic differentiation within the same tumor, accounting for 2-5% of primary liver cancers. Incidence increased with age. Gold standard for diagnosis is histology of surgical specimens. cHCC-CCA has been associated with a worse prognosis than that of Hepatocellular carcinoma(HCC) after resection.

**Case presentation:** Here, we report the case of a 38-year-old male patient without chronic liver disease or other systemic disease. Initial symptoms included right upper abdominal pain, abdominal fullness, body weight loss and poor appetite. During the hospitalizations, chronic hepatitis B was found. Tumor marker of  $\alpha$ -fetoprotein(AFP) was extremely high(303000ng/ml) and elevated CA19-9 was also presented(170.58U/ml). Multiple arterial hyperenhancement (APHE) with washout appearance lesions in the right hepatic lobe was found at abdominal computed tomography(CT). HCC was first diagnosed. He received extended right hepatectomy. Final pathological report present cHCC-CCA, grade 3( pT4 N0 ).

**Discussion:** The known risk factors for HCC have been implicated for cHCC-CCA including viral hepatitis and cirrhosis. cHCC-CCA is more common in patients without cirrhosis. Serum tumor markers AFP and CA19-9 can aid in the diagnosis of cHCC-CCA. It is described as demonstrating peripheral or rim-like form of APHE on dynamic contrast-enhanced magnetic resonance imaging (MRI) and CT; Washout appearance is often peripheral in location with delayed central enhancement. Biopsy-based tissue samples are common for diagnosis but the risk of “sampling error” should be evaluated. It is still difficult to diagnose this tumor pre-operatively.

**Conclusion:** It is difficult to accurately diagnose cHCC-CCA totally depending on clinical features, lab data and radiology. There are still some hint can help our diagnosis. Such as discordance of tumor markers with imaging appearances, concurrent elevated AFP and CA19-9 and non-cirrhosis patient. Gold standard for diagnosis still depending histology of surgical specimens.